

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CAROLYN'S PAC

ADDRESS (number and street)

24 East 93rd Street

Suite 1B

☐Check if different
than previously
reported. (ACC)

New York

NY

10128

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00341990

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Andrew R. Tulloch, Esq.

Signature of Treasurer

Electronically Filed by Andrew R. Tulloch, Esq.

Date

07

29

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
CAROLYN'S PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>2009 Y Y Y</div>		13360.21
(b) Cash on Hand at Beginning of Reporting Period	13360.21	
(c) Total Receipts (from Line 19)	30800.00	30800.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44160.21	44160.21
7. Total Disbursements (from Line 31)	50.00	50.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	44110.21	44110.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	3700.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

CAROLYN'S PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	0	3	0	6	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7800.00	7800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7800.00	7800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	23000.00	23000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30800.00	30800.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30800.00	30800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30800.00	30800.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	50.00	50.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	50.00	50.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50.00	50.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50.00	50.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30800.00	30800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30800.00	30800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50.00	50.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50.00	50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mohammad Iqbal

Mailing Address 113-05 Jewel Avenue

City

Forest Hills

State

NY

Zip Code

11375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Five Star Contracting

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.4204

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Charles J. Marotta

Mailing Address 35 Independence Way

City

Rockaway

State

NJ

Zip Code

07866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed Physician

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4211

Amount of Each Receipt this Period

1000.00

DC Event

C.

Full Name (Last, First, Middle Initial)

Othon Mourkakos

Mailing Address POBox 380

City

Alpine

State

NJ

Zip Code

07620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nisi Restaurant

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.4206

Amount of Each Receipt this Period

1000.00

Contribution includes Kal-
ly Mourkaos -

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Scheinberg

Mailing Address 32 Barnyard Lane

City

Roslyn Heights

State

NY

Zip Code

11577-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater N.Y. Automobile
Dealer

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4217

Amount of Each Receipt this Period

4800.00

B.

Full Name (Last, First, Middle Initial)

Dr. Syed A. Shah

Mailing Address 5 Ceramar Drive

City

Penfield

State

NY

Zip Code

14526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Hospital

Occupation
Professor of Clinical Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4214

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Syed A. Shah

Mailing Address 5 Ceramar Drive

City

Penfield

State

NY

Zip Code

14526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Hospital

Occupation
Professor of Clinical Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4216

Amount of Each Receipt this Period

500.00

DC Event

SUBTOTAL of Receipts This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

7800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

CASH AMERICA INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 1600 W. 7th Street

City

State

Zip Code

Fort Worth

TX

76102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11C.4200

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

CASH AMERICA INTERNATIONAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 1600 W. 7th Street

City

State

Zip Code

Fort Worth

TX

76102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11C.4222

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1919 Pennsylvania Avenue

City

State

Zip Code

Washington

DC

20006-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11C.4219

Amount of Each Receipt this Period

1000.00

DC

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
 CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)
 ONLINE LENDERS ALLIANCE POLITICAL ACTION COMMITTEE (OLA PAC)

Mailing Address 725 S EMERSON STREET

City State Zip Code
 DENVER CO 80209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 0 / 2 0 0 9

Transaction ID: SA11C.4221

Amount of Each Receipt this Period

5000.00

Vail Event

B.

Full Name (Last, First, Middle Initial)
 ONLINE LENDERS ALLIANCE POLITICAL ACTION COMMITTEE (OLA PAC)

Mailing Address 725 S EMERSON STREET

City State Zip Code
 DENVER CO 80209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11C.4198

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
 UNITED PILOTS PAC/AIRLINE PILOTS ASSOCIATION

Mailing Address 9550 W. Higgins Rd.
 Suite 1000

City State Zip Code
 ROSEMONT IL 60018

FEC ID number of contributing
federal political committee.

C C00251009

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 9 / 2 0 0 9

Transaction ID: SA11C.4159

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

23000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Unlimited Transfer

Candidate Name
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

008
Category/
Type

Transaction ID: SB22.4223

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2009

Amount of Each Disbursement this Period

10000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 / 11

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10NAME OF COMMITTEE (In Full)
CAROLYN'S PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
HILLARY CLINTON FOR PRESIDENTNature of Debt (Purpose):
Excess Contribution to be
Refunded

Mailing Address PO Box 101436

City State ZIP Code
Arlington VA 22210

Outstanding Balance Beginning This Period

2700.00

Transaction ID: SD9.4141

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HILLARY CLINTON FOR PRESIDENTNature of Debt (Purpose):
Excess Contribution to be
refunded

Mailing Address PO Box 101436

City State ZIP Code
Arlington VA 22210

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD9.4140

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

3700.00

2) **TOTALS** This Period (last page this line number only).....

3700.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

3700.00